

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

Priority Health Government Programs, Inc. NAIC Company Code NAIC Group Code 11520 Employer's ID Number Organized under the Laws of , State of Domicile or Port of Entry _ Michigan Country of Domicile United States Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X] Incorporated/Organized 06/03/2002 Commenced Business 10/01/2002 1231 Fast Beltline NF Grand Rapids, MI 49525-4501 Statutory Home Office (City or Town, State and Zip Code) 1231 Fast Beltline NF Main Administrative Office Grand Rapids, MI 49525-4501 616-942-0954 (Area Code) (Telephone Number) (City or Town, State and Zip Code) 1231 East Beltline NE Grand Rapids, MI 49525-4501 Mail Address 1231 East Beltline NE Primary Location of Books and Records (Street and Number) 616-464-8926 Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.priority-health.com Statutory Statement Contact _ Kristy Lynn Shoemaker 616-464-8926 (Area Code) (Telephone Number) (Extension) 616-942-7916 (Name) kristy.shoemaker@priority-health.com **OFFICERS** Title Title Name Name , President / Chief Executive Officer Kimberly K Horn Gregory A Hawkins Treasurer / Chief Financial Officer Judith W Hooyenga Secretary OTHER OFFICERS Vice President James F Byrne **DIRECTORS OR TRUSTEES** James F Byrne Gregory A Hawkins Kimberly K Horn James S Slubowski State ofMichigan... County of ... The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC. When required, that is an respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Judith W. Hooyenga Gregory A. Hawkins Kimberly K. Horn President / Chief Executive Officer Treasurer / Chief Financial Officer Secretary a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this b. If no, 1. State the amendment number _day of ____February, 2010 2. Date filed 3. Number of pages attached

Catherine H. Sochanek Executive Administrative Assistant 05/12/2016

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

	,					
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities						
0499999 Premiums due and unpaid from Medicaid entities	960,424	0	409,210	0	0	1,369,658
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	960,424	0	409,210	0	0	1,369,658

EXHIBIT 3 - HEALTH CARE RECEIVABLES

LATIIDIT 3 - I			1220			-
1 Name of Debtor	1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	/ Admitted
Individually Listed Receivables: First Health				•		
First Health		6,799			26,000	383 , 188
0199999 – Totals – Pharmaceutical rebate receivables	402,389	6,799			26,000	383 , 188
Spectrum Health		152,221	0	47,266	0	199,487
0299998 - Aggregate of amounts not individually listed above. 0299999 - Totals - Claim Overpayment Receivables		67,596	29,540	27,657	0	124,793
0299999 - Totals - Claim Overpayment Receivables		219,817	29,540	74,923		324,280
IState of Michigan			46 , 123	57,758	0	1,003,833
0699999 - Totals - Other Receivables		899,952	46 , 123	57 ,758		1,003,833
0799999 Gross health care receivables	402,389	1,126,568	75,663	132,681	26,000	1,711,301

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						+
						†
	··					
	···					
0400000 Ledi daluallu litera di alcina cura di				0	0	0
0199999 Individually listed claims unpaid	U	υ	U		u	
0399999 Aggregate accounts not individually listed-covered	2,742,697					2,742,697
0399999 Aggregate accounts not individually listed-covered 0499999 Subtotals	2,742,697	0	0	0	0	2,742,697
0599999 Unreported claims and other claim reserves	2,142,091	0	<u> </u>	0	1 0	11 772 010
0699999 Total amounts withheld						11,772,919 15,113
						14,530,729
0799999 Total claims unpaid						313,404
0899999 Accrued medical incentive pool and bonus amounts						313,404

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	tted
	_	_		_	-	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Priority Health	166,885				0	166,885	
0199999 Individually listed receivables 0299999 Receivables not individually listed	166,885 15,392	0	0	0	0	166,885	0
0299999 Receivables not individually listed	15,392	^			^	15,392	0
0399999 Total gross amounts receivable	182,277	0	0	0	0	182,277	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Priority Health Managed Benefits, Inc	Management Fees Payable	1,100,660	1,100,660	0
Spectrum Health	Medicaid Risk Share			0
0199999 Individually listed payables 0299999 Payables not individually listed		1,775,261	1,775,261	0
0299999 Payables not individually listed		144,598	144,598	0
0399999 Total gross payables		1,919,859	1,919,859	0

EXHIBIT 7 PART 1 - SLIMMARY OF TRANSACTIONS WITH PROVIDERS

	-	2	3	4	5	9
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a % of	Members	as a % of	Expenses Paid to	Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers	78.544.597	52.9		0.0	78.544.597	
4. Total capitation payments	78,544	92.9	0	0.0	78,544,597	0
Other Payments:						
5. Fee-for-service	962,966,9	5.0	XX	XX		962, 666, 9
6. Contractual fee payments		0.0	XX	××		
7. Bonus/withhold arrangements - fee-for-service		0.0	XX	XX		
8. Bonus/withhold arrangements - contractual fee payments	54,840,205	39.1	XX	××	54,840,205	
9. Non-contingent salaries	0	0.0	X	X		
10. Aggregate cost arrangements	0	0.0	X	X		
11. All other payments	0	0.0	X	××		
12. Total other payments	61,840,001	44.1	XXX	XXX	54,840,205	6,999,796
13. Total (Line 4 plus Line 12)	140,384,598	% 001	XXX	XXX	133,384,802	962,666,9

EXHIBIT 7 DADT 2 SHIMMADY OF TDANSACTIONS WITH HEDMEDIABLES

	EAHIBIL / - PART 2 - SUMIMART OF TRANSACTIONS WITH INTERMEDIARIES		MEDIAKIE	^	
-	2	3	4	2	9
		:	Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
999999 Totals		0	××	×××	XXX

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

Administrative furniture and equipment Administrative furniture, equipment Administrative furniture, equipment Administrative furniture and equipment Administrative furniture, equipment Administrative furniture and equipment Administrative furniture, equipment Administrative furniture and equipment Administrative fur	EXHIBIT 8 – FURNITURE, EQUIPMEN	IENT AND SUPPLIES OWNED	UPPLIES	OWNED			
Administrative furniture and equipment Administrative furniture and equipment Administrative furniture and equipment Medical furniture, equipment and fixtures Pharmaceuticals and surgical supplies. Durable medical equipment Other property and equipment Total		1	2	3	4	5	9
Administrative furniture and equipment Medical furniture, equipment and fixtures Medical furniture, equipment and fixtures Pharmaceuticals and surgical supplies Durable medical equipment Other property and equipment Total	Description	Gost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Medical furniture, equipment and fixtures. Pharmaceutical supplies	1. Administrative furniture and equipment						
Pharmaceuticals and surgical supplies Pharmaceuticals and surgical supplies Pharmaceutical supplies <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Durable medical equipment Other property and equipment 0	Pharmaceuticals and surgical supplies						
	Durable medical equipment						
П		0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 3383 BUSINESS IN THE STATE OF Michigan	1							(100)		
	cnigari			DURING THE YEAR 2009	5009			NA	NAIC Company Code	11520
	+	Comprehensive (Hospital & Medical)	ensive Aedical)	4	5	9	7	8	6	10
	<u>I</u>	2	ဧ				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	55,117	1,400							53,717	
2 First Quarter	57,619	1,466							56, 153	
3 Second Quarter	60,768	1,522							59,246	
4. Third Quarter	61,895	1,488							60,407	
5. Current Year	62,884	1,662							61,222	
6 Current Year Member Months	720,885	18,356							702,529	
Total Member Ambulatory Encounters for Year:										
7. Physician	598,067	8,208							589,859	
8. Non-Physician	43,516	265							42,919	
9. Total	641,583	8,805	0	0	0	0	0	0	632,778	
10. Hospital Patient Days Incurred	19,020	21							18,999	
11. Number of Inpatient Admissions	5,251	17							5,234	
12. Health Premiums Written (b).	174,559,196	1,566,424							172,992,772	
13. Life Premiums Direct.	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	174,350,811	1,564,114							172,786,697	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	140,384,598	1,061,606							139, 322, 992	
18. Amount Incurred for Provision of Health Care Services	141,625,878	1,156,189							140, 469, 689	

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ___



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Other 11520 9 589,859 60,407 702,529 18,999 153 246 42,919 632,778 61,222 5,234 172,992,772 172,786,697 139, 322, 992 140,469,689 (LOCATION)
NAIC Company Code Title XIX Medicaid Title XVIII Medicare Federal Employees Health Benefit Plan Dental Only 0 and number of persons under indemnity only products Vision Only **DURING THE YEAR 2009** Medicare Supplement Group Comprehensive (Hospital & Medical) 1,488 1,662 .8,208 18,356 1,564,114 909, ,466 ,522 597 ,805 .1,566,424 1,156,189 1,061, Individual 57,619 .60,768 61,895 598,067 720,885 641,583 19,020 174,559,196 140,384,598 62,884 5,251 174,350,811 141,625,878 (a) For health business: number of persons insured under PPO managed care products Priority Health Government Programs, Inc. Total BUSINESS IN THE STATE OF Consolidated 18. Amount Incurred for Provision of Health Care Services 17. Amount Paid for Provision of Health Care Services Total Member Ambulatory Encounters for Year: 16. Property/Casualty Premiums Earned. 14. Property/Casualty Premiums Written. 11. Number of Inpatient Admissions 10. Hospital Patient Days Incurred 12. Health Premiums Written (b)... 6 Current Year Member Months REPORT FOR: 1. CORPORATION 15. Health Premiums Earned.. 3383 Total Members at end of: 13. Life Premiums Direct. 3 Second Quarter 8. Non-Physician 4. Third Quarter. 2 First Quarter 5. Current Year Prior Year. 7. Physician.. NAIC Group Code Total

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ __

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

SCHEDULE S - PART 3 - SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

Finds Withheld	\supset		
Coinsurance	Keserve	Keserve	Keserve
Prior Year			
an for iums Current Year			
Unearned Premiums Taken Other than for (Estimated) Unearned Premiums			
	08,385	700.00	208,385
Premiu	/ I / A	000	208,
n Type		I/TSS	I / TSS
Location	10	Kennesaw, GA.	Kennesaw, GA.
f Company		pany	pany
Name of Company	HCC Life Insurance Company		-
(1)	09/01/2009 HC	2002	General Account
Federal ID Number	2E 10170E1	4C0/101-CC	- Total Authorized
Company Code	2744	92/11	0299999

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

SCHEDULE S - PART 4
Reinsurance Ceded to Unauthorized Companies

_			:	;	1	-	:	- :	1	;	;	;				- ;	;	:	:	:	- 1	1	:	:	1	Ŧ	:	:	;	_		\exists	- ;1	_
14	Sum of Cols 9+10+11+12+13	Excess of Col. 8																																
13	V	Miscellaneous Balances (Credit)																																
12		Other																																
	-unds Deposited by	and vvitnneid from Reinsurers																																
10	-	Trust Agreements																																
6		Letters of Credit																																
8	- Topic	l otal (Cols. 5+6+7)																																
7		Other Debits)																			
9	Paid and Unpaid	Losses Recoverable (Debit)																																
9		Reserve Credit Taken																																
4		Name of Reinsurer							Ţ							-					Ţ									_			ļ	
3		Errective																																
2		Number																																Total
1	NAIC	Code																																1199999 Total

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		O 000)	milleu)			
		1 2009	2 2008	3 2007	4 2006	5 2005
Α. (OPERATIONS ITEMS					
1.	Premiums	2	2	2	2	2
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	206	186	165	155	131
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	0	0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid			0	0	0
10.	Commissions and reinsurance expense allowances unpaid	0	0	0	0	0
11.	Unauthorized reinsurance offset				0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

Restatement of Balance Sneet to Identify Net C	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
Cash and invested assets (Line 10)		208,385	30,929,663
Accident and health premiums due and unpaid (Line 13)	1,369,658		1,369,658
Amounts recoverable from reinsurers (Line 14.1)	0		0
Net credit for ceded reinsurance	xxx	(208, 385)	(208, 385)
All other admitted assets (Balance)	2,153,216		2,153,216
6. Total assets (Line 26)	34,244,152	0	34,244,152
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,530,729	0	14,530,729
Accrued medical incentive pool and bonus payments (Line 2)			313,404
9. Premiums received in advance (Line 8)			365 , 735
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	2,371,826		2,371,826
13. Total liabilities (Line 22)	17,581,694	0	17 , 581 , 694
14. Total capital and surplus (Line 31)	16,662,458	XXX	16,662,458
15. Total liabilities, capital and surplus (Line 32)	34,244,152	0	34,244,152
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	(208, 385)		
21. Total ceded reinsurance recoverables	(208,385)		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	(208, 385)		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
14. Illinois				• • • • • • • • • • • • • • • • • • • •			
15. Indiana			•	•			
16. lowa	IA						
17. Kansas	KS		-			 	
18. Kentucky							
19. Louisiana			-			ļ	
20. Maine	ME		-			ļ	
21. Maryland	MD						
22. Massachusetts	MA						
22. Massachusetts 23. Michigan 24. Minnesota	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey							
•							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA		.			ļ	.
40. Rhode Island	RI						
41. South Carolina	sc						
42. South Dakota		[<u> </u>		<u> </u>		<u> </u>
43. Tennessee	TN						
44. Texas	TX						
45. Utah				•			
46. Vermont	VT						
46. Vermont 47. Virginia							
· ·			-		l	l	}
48. Washington							
49. West Virginia							
50. Wisconsin						ļ	
51. Wyoming							
52. American Samoa							
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands							<u> </u>
57. Canada							
					T	I	Ī
58. Aggregate Other Alien	OT						

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health Government Programs, Inc.

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES **SCHEDULE Y**

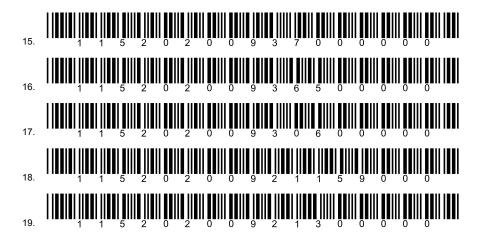
			· .			<i>*</i>				-		
~	2	က	4	2	9	, ,	∞	თ	10	-	12	13
					Purchases, Sales or	ā						
					Excranges or Loans, Securities, Real	Connection with		Income/ (Dishursements)	Any (Any Other Material		Recoverable/
NAIC	Federal ID		Shareholder		Estate, Mortgage Loans or Other	드		Incurred Under Reinsurance	Ordin	Ordinary Course of the Insurer's		and/or Reserve
,		Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Servi	Agreements	*	Business	Totals	Taken/(Liability)
	20 - 1529553	Priority Health Insurance Company		18,000,000			(9, 144,848)				8,855,152	
		Driority Hoalth	11 750 000	(18 000 000)			(84, 451, 264)			(2 030 376)	(92, 280, 030	
11520	32-0016523	Priority Health Government Programs	(11,750,000)				(11, 983, 918)			(5,000,00)	(23, 733, 918)	
	1	Spectrum Health System								2,030,376	2,030,376	
9999999 Control Totals	trol Totals		0	0	0	0	0	0	XXX	0	0	0
												1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

questi	ons.	
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES.
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES.
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
vhich	Illowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code sement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory.	will be printed below. If the
	MARCH FILING	
10.		N0
11.	•	NO
12.		NO
13.	·	NO
14.		NO
15.		N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? APRIL FILING	NO
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
 1. 2. 3. 4. 5. 6. 7. 8. 		
9. BAR (CODE:	
10.		
11.		
12.		
13.	1 1 5 2 0 2 0 0 9 4 2 0 0 0 0 0 0 0 0 0	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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